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Bib Data Sheet

CONFIRMATION NO. 5886

<b>SERIAL NUMBER</b> 10/004,399	<b>FILING OR 371(c) DATE</b> 10/30/2001 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> 017516-000130US
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## APPLICANTS

Thomas G. Cooper, Menlo Park, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/406,360 09/28/1999 PAT 6,346,072  
which is a CON of 08/975,617 11/21/1997 PAT 6,132,368  
and claims benefit of 60/033,321 12/12/1996

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*  
\*\* 12/28/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 1	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

20350

## TITLE

TELEPRESENCE SYSTEM AND METHOD USING SURGICAL ASSEMBLIES AND MOUNTING JOINTS

<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
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<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 09/406,360 09/28/1999 PAT 6,346,072 WHICH IS A CON OF 08/975,617 11/21/1997 PAT 6,132,368 AND CLAIMS BENEFIT OF 60/033,321 12/12/1996					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/28/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 20350					
<b>TITLE</b> Multi-component telepresence system and method					
<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		